

## CHAPTER 3

### SECTION 2.4

# REDUCTION MAMMOPLASTY

Issue Date: October 22, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(e\)\(8\)](#)

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#### I. PROCEDURE CODE

**19318**

#### II. POLICY

Reduction mammoplasty is not covered unless there is medical documentation of intractable pain, not amenable to other forms of treatment, which is the result of excessively large, pendulous breasts.

#### III. POLICY CONSIDERATIONS

A. The following criteria will be applied to all claims for reduction mammoplasties in determining coverage. The beneficiary must submit documentation, generally contained in the operative report, which indicates that the following criteria are met:

1. History of the patient's symptoms related to the large, pendulous breasts.
  - a. Neck and shoulder pain
  - b. Low back pain
  - c. Strap mark indentations
  - d. Restriction of physical activities
  - e. Poor posture or skin irritation
  - f. Breast pain or brachial plexus symptoms.
2. Symptoms must have been present at least one year to be considered intractable.
3. Amount of breast tissue removed must be at least 350 grams per side. Claims with less will be referred to medical review for a determination. (Consideration will be given for breast tissue removal of less than 350 grams per breast based on individual consideration.)

Claims processors may use the Schnur nomogram for determining the appropriateness of a reduction mammoplasty for less than 350 grams per breast.

4. Photographs (shoulder to waist) front and lateral views, if available.

B. Reduction mammoplasties are not generally considered to be the treatment of choice for fibrocystic disease of the breasts.

C. Reduction mammoplasty is not a treatment for obesity.

D. Mastopexy procedures are viewed to be primarily cosmetic in nature and are not payable when performed to relieve the pain of excessively large pendulous breasts (i.e., used as a reduction mammoplasty).

E. Claims related to the reduction of the contralateral breast in post-mastectomy reconstructive breast surgery are not subject to the regulatory exclusion for mammoplasties performed primarily for reasons of cosmesis.

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